|  |  |  |
| --- | --- | --- |
|  |  |  |
| **IBD Control** |  |  |
| *Inflammatory Bowel Disease Control Questionnaire* |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | **Do you believe that :** |  |  |  | |
|  | 1. Your IBD has been well controlled in the past two weeks? | Yes | No | Not sure | |
|  | 1. Your current treatment is useful in controlling your IBD?   *(if you are not taking any treatment, please tick this box* □) | Yes | No | Not sure | |
| 2 | **Over the past 2 weeks, have your bowel symptoms been getting worse, getting better or not changed?** | Better | No change | | Not sure |
|  |
| 3 | **In the past 2 weeks did you :** |  |  |  | |
|  | 1. Miss any planned activities because of IBD ?   (e.g. attending school/college, going to work or a social event) | Yes | No | Not sure | |
|  | 1. Wake up at night because of symptoms of IBD ? | Yes | No | Not sure | |
|  | 1. Suffer from significant pain or discomfort ? | Yes | No | Not sure | |
|  | 1. Often feel lacking in energy (fatigued) ?   (by often we mean more than half of the time) | Yes | No | Not sure | |
|  | 1. Feel anxious of depressed because of your IBD ? | Yes | No | Not sure | |
|  | 1. Think you needed a change to your treatment ? | Yes | No | Not sure | |
| 4 | **At your next clinic visit, would you like to discuss:** |  |  |  | |
|  | a) Alternative types of drug for controlling IBD | Yes | No | Not sure | |
|  | b) Ways to adjust your own treatment | Yes | No | Not sure | |
|  | c) Side effects or difficulties with using your medicines | Yes | No | Not sure | |
|  | d) New symptoms that have developed since your last visit | Yes | No | Not sure | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 | **How would you rate the OVERALL control of your IBD in the past *two* weeks?**  Please draw a vertical line (**I**) on the scale below | | | |
|  | **Worst**  **Best**  Possible ~~I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I~~ possible  Control |  |  |

EDMSIBDC Date :

**Simple Clinical Colitis Activity Index:**

**Patient Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of SCCAI calculation**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Symptom** | **Status** | **Tick** | **Score** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | Bowel frequency (day) | | | |
|  |  | 1–3 |  | 0 |
|  |  | 4–6 |  | 1 |
|  |  | 7–9 |  | 2 |
|  |  | >9 |  | 3 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. | Bowel Frequency (night) | | | |
|  |  | 1-3 |  | 1 |
|  |  | 4-6 |  | 2 |
|  |  | 7-12 |  | 3 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3. | Urgency of defecation | | | |
|  |  | Hurry |  | 1 |
|  |  | Immediately |  | 2 |
|  |  | Inconsistence |  | 3 |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4. | Blood in stool | | | |
|  |  | Trace |  | 1 |
|  |  | Occasionally frank |  | 2 |
|  |  | Usually frank |  | 3 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5. | General well being | | | |
|  |  | Very well |  | 0 |
|  |  | Slightly below par |  | 1 |
|  |  | Poor |  | 2 |
|  |  | Very poor |  | 3 |
|  |  | Terrible |  | 4 |

|  |  |  |  |
| --- | --- | --- | --- |
| 6. | Extracolonic features : | | |
|  |  |  | 1 per manifestation |